



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
COMMISSION ON FIRE FIGHTING
500 JAMES ROBERTSON PARKWAY
SUITE 630
NASHVILLE, TENNESSEE 37243-0579

Fire Fighter II Local Verification
NFPA 1001 – 2008

Candidate's Name: _____ Social Security #: _____

Local Verification Requirements

NFPA 1001 – 2008, JPR 6.2.1 (B), Fire Department Communications

The candidate has successfully demonstrated the ability to operate department computers and/or other equipment necessary to complete reports.

I have reviewed the candidate's file and affirm that the candidate identified above has met the requirements listed above. All requirements have been successfully demonstrated per local fire department protocol. All information listed above can be validated by a written and/or hard copy of the documents maintained by the department which are subject to audit by the Commission.

Fire Department _____ Fire Department Phone Number _____

Name of Training Officer (Typed or Legibly Printed) _____ Signature of Training Officer _____ Date _____

Name of Fire Chief (Typed or Legibly Printed) _____ Signature of Fire Chief _____ Date _____

Attach to Candidate's Fire Fighter II Written Application